

FORM LM-30 Standards LABOR ORGANIZATION OFFICER AND Washington DC 20210 **EMPLOYEE REPORT**

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P L. 88-257 as amended Fallure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| 1 File Number U 1362 9 | 2. Fiscal Year Covered From |
|--|--|
| | 1 / 1 / 2005 Through 12 / 31 / 2005 |
| 3 Name and address of person filing | 4 Name file number and address of labor organization |
| Name Jeffrey Daveau | Name Plumbers & Pipefitters Local 11 2 4 |
| | Labor Organization File Number 029-887 |
| PO Box Bldg Room No If any | PO Box Building and Room Number if any |
| Street 6260 Seville Road | Street 4402 Airpark Boulevard |
| City Saginaw | City Duluth , t + 1 1 1 5 |
| State Minnesota . 7 - ZIP Code + 4 55779 - | State Minnesota ZIP Code + 4 55511 5712 |
| 5 Position in labor organization Local 11 President | 77, 1 7,75 |
| Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6 Name and address of Employer (including trade name, if any) | 7 a Nature of Interest, Transaction or Income |
| Name Ci | |
| Trade Name If any | |
| PO Box Bidg Room No If any Line of the Police of the Polic | 7 b Amount |
| Street | |
| City City | 4 |
| State E ZIP Code + 4 | |
| Signature | |
| 16 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct, and complete (See the section on penalties in the instructions.) | |
| Signed Jefferanne | On 3/29/06 (218) 729-7572-1 |

| Name of Person Filing Jeffrey Daveau | File Number U | |
|--|---|--|
| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a truit in which your labor organization is interested | | |
| 8 Name and address of Business (including trade name if any) Name Joint Apprenticeship Cmte of Local 11-&,589 Trade Name if any PO Box Bidg Room No if any Street 4402 Airpark Boulevard City Duluth State Minnesota Just ZIP Code + 4 55811-5712 | 9 Business deals with a Labor Organization b Trust c Employer | |
| 10 If 9 b or 9 c. is checked give trust or employer's name Name Trade Name if any P O Box, Bldg Room No if any Street City ZIP Code + 4 | The Labor Organization listed in #4 above jointly sponsors, the Trust Fund listed in #8 above 11 b Approximate dollar value of such dealing \$50 12 a Nature of interest held or income received I received wages and fringe benefits for teaching apprenticeship training courses for the Apprenticeship Fund set forthlin #8 above | |
| | 12 b Amount \$2' 124 | |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value | | |
| 13.a Name and address of Employer or Labor Relations Consultant (including trade name if any) | 14 a Nature of payment. | |
| Name If any The transfer of th | | |
| State Z Lat 1 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z | | |
| 13 b. is the Business an Employer or Consultant [: ? | 14 b Amount of payment | |